

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90039 007 ***158.75

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DOCUMENT # P96000097629

1. Corporation Name

INTELIGENCIA QUALITATIVE HISPANIC RESEARCH, INC.

Principal Place of Business

1825 PONCE DE LEON BLVD. SUITE 135
CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD. SUITE 135
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

65-0710725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1060 Brickell Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 108

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FERNANDEZ, JACKELINE P
1525 VENETIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am family member of the corporation. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family member of the corporation. Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal, officer or director, or registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D FERNANDEZ, JACKELINE P DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP
1525 VENETIA AVE
CORAL GABLES FL 33134

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/381-6001

Date

3-21-99

Daytime Phone #

CR2E034 (11/98)